



Southwestern CT
**Agency
on Aging**
& Independent Living



Testimony – Appropriations Committee 5/25/10

POSITION:

The three Connecticut Access Agencies: the Agency on Aging of South Central Connecticut, Inc., Connecticut Community Care, Inc., and the Southwestern Connecticut Agency on Aging & Independent Living, Inc., strongly support implementation of personal care assistants (PCA's) as a covered service of the Connecticut Home Care Program for Elders (CHCPE).

Rationales in Support of Personal Care Assistant Service:

- **Self-Directed Care is Consistent with Consumer Preference**

The flexibility and personal control that is characteristic of personal care assistant (PCA) service is consistent with consumer preference.

Among respondents to the 2007 Connecticut Long-Term Care Needs Assessment [UConn Center on Aging], a robust 29% stated that they would prefer to manage their own care independent of an agency, including financial paperwork. This was especially true for the three older adult tiers, with 32% percent of individuals age 61-74, 44% of individuals 75-84, and 37% of those 85 and older expressing a preference for this option.

Further, a program evaluation conducted by the Braceland Center for Mental Health and Aging in March 2001 tested Connecticut consumer satisfaction concerning PCA service. All of the respondents to the Braceland evaluation said that "they liked it and were overall very happy with it".

- **Self-Directed Care Achieves High Quality of Care Outcomes**

A Robert Wood Johnson funded study of the pilot Cash & Counseling program, which permits individuals to hire personal care assistants, concluded "that the program resulted in increased access to personal care services, significantly fewer unmet personal care needs, and enhanced beneficiary satisfaction; in addition, the program did not increase (and sometimes reduced) the risk of adverse health outcomes, and did not result in the misuse of Medicaid funds or the abuse of consumers."¹

Many of the individuals who are currently receiving PCA services are those for whom traditional services were not found to be effective. These are largely people with intermittent hands-on-care-needs that cannot be accommodated in the confines of the traditional service structure.

- **Waitlist Status Reflects Unmet Need for this Option**

The most recently issued data from the DSS Alternate Care Unit shows that a total of 192 have been approved for service, and that 86 individuals are waiting for an opening.

- **Self-Directed Care Can Represent Cost Savings**

Personal care assistant services are modestly cost effective as compared to traditional care plans. The Braceland Center evaluation cited above showed the PCA pilot to be modestly cost-effective as compared to the waiver component of the Home Care Program for Elders. At the time of the report, average monthly cost for a PCA pilot participant in 2001 was \$1,387; average monthly cost for a waiver participant in 2001 was \$1,456.

Although average costs of caring for the specific individuals served by the PCA pilot tended to increase once they joined the program, the evaluation concluded that "given that the vast majority of PCA clients in this study were CHCPE-eligible individuals unable to access adequate home care services, cost differences would undoubtedly increase upon the receipt of those services". Further, a significant number reported that the individual receiving PCA support would otherwise have required nursing home admission, which would have implicated far greater costs for the State.

Background on Personal Care Assistant (PCA) Options in Connecticut:

Personal care assistants (PCA's) have for years been successfully utilized in both the Personal Care Assistant waiver, which supports individuals with disabilities,

¹ Choosing independence: an overview of the Cash & Counseling model of self-directed personal assistance services. Princeton, NJ: Robert Wood Johnson Foundation; 2006. p. 7. Available at: http://www.rwjf.org/files/publications/other/Choosing_Independence_final_nov22.pdf

and in the waivers that are associated with the Department of Developmental Services.

Following on this success, a small state-funded Personal Care Assistant pilot (PCA Pilot) program was established in 2000 to serve up to 50 individuals statewide who were age 65 or older and met all of the technical, functional and financial eligibility requirements of the Connecticut Home Care Program for Elders (CHCPE). Statutory authority for the pilot also permitted the DSS Commissioner to expand participation up to 100 individuals within available appropriations. This program was initially available to (1) individuals who had previously received services under the PCA Waiver; and (2) individuals who were unable to access adequate home care services to remain in the community. The PCA Pilot allowed eligible individuals to hire a PCA to perform up to 25.75 hours of assistance per week.

After three years of operation, it became apparent that the 50 slots available under the PCA Pilot would not accommodate the needs of all individuals aging out of eligibility for the PCA Waiver. In FY'04, bills sought to make personal care assistants a covered service of the CHCPE and to permit spouses and other relative caregivers to serve as personal care assistants.

As a result of concern about potential risks of using PCA's and fear of woodwork effects, this did not occur. Instead, the Legislature created a new stand-alone pilot to expand the number of available slots. Unfortunately this did not offer an effective remedy due to the fact that the law's cost cap constraints permitted a lower level of spending than in the original pilot. In response, DSS did not implement the new pilot, and instead expanded the number of available slots in the original pilot to 100 under existing statutory authority. Since that time, the PCA Pilot has again been expanded. In the 2006 legislative session, the number of slots was increased to 250 statewide. Further, in 2007, the cap on participation was removed, but participation has remained limited because it must occur within the existing level of state appropriation for the pilot. This has resulted in a waitlist.

Remedying this barrier to participation, Public Act 09-64 (effective April 1, 2010) authorized personal care assistants a covered service of the CHCPE.